

# State of Arkansas CONTRACTORS LICENSING BOARD



## Residential Remodeler New Application

**\$50.00 Filing Fee - NON-REFUNDABLE**

***MAIL TO:***

CONTRACTORS LICENSING BOARD  
4100 RICHARDS ROAD  
NORTH LITTLE ROCK, ARKANSAS 72117  
Main Phone Number (501) 372-4661  
FAX Number (501) 372-2247  
Web Site: [www.arkansas.gov/clb](http://www.arkansas.gov/clb)

**PLEASE READ THE INSTRUCTIONS (pages 3 & 4)  
BEFORE COMPLETING THE APPLICATION**

# RESIDENTIAL REMODELER

## NEW APPLICATION

### Types of License

You can apply for a “Limited license” or an “Unlimited license”.

With a “**Limited license**” you can **ONLY** do residential home improvement projects that are less than \$50,000, including, but not limited to, labor and material.

With an “**Unlimited license**” you can do residential home improvement projects of any size.

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Please “✓” the box for the license being applied for....

☐

### “Limited License”

(“Limited license” means you can **ONLY** do residential home improvement projects that are less than \$50,000, including, but not limited to, labor and material.

**See page 3 for instructions)**

☐

### “Unlimited License”

(“Unlimited license” means you can do residential home improvement projects of any size.

**See page 4 for instructions)**

# LIMITED

## RESIDENTIAL REMODELER

### Instructions/Checklist

The completed application must be in this office three (3) weeks prior to a committee meeting to be reviewed. For a list of meeting dates, check our website at [www.arkansas.gov/clb](http://www.arkansas.gov/clb). Once the application is received in our office, it must be complete by 90 days. After 90 days, another application and filing fee, etc. will be required.

1. If applying for a **Commercial or Residential Builders** contractors license: **STOP HERE!!** Download the **Commercial New Application** or the **Residential Builders New Application** and follow the instructions. The web address is: **[www.arkansas.gov/clb](http://www.arkansas.gov/clb)**.
2. Complete Application **(all lines need to be filled in, if one does not apply enter "N/A")**
  - (a) Complete pages 2, 5, 9 and 10.
  - (b) Appropriate business style affidavit completed, signed, and notarized (page 11). **We cannot accept a notarized statement more than 90 days old.**
3. \$50.00 filing fee made payable to the Contractors Licensing Board. **(NON-REFUNDABLE)**
4. Three (3) written references (pages 6, 7 and 8 forms provided). The references should not be from a supplier or banker, unless they have actually observed your work and can describe it. **The references must show two (2) years appropriate experience in construction. The experience must justify the issuance of a Residential Remodeler's license. THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS.** We cannot accept references that are more than 90 days old.
5. Copy of the Arkansas Business and Law passing test score. Please refer to page 13 & 14 for more information about the test. **The license can be approved but not released without this passing test score.**
6. If applying as a Corporation, LLC, or LP, attach a copy of the Articles/Filings from the entity's Secretary of State's Office. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.

# UNLIMITED

## RESIDENTIAL REMODELER

### Instructions/Checklist

The completed application must be in this office three (3) weeks prior to a committee meeting to be reviewed. For a list of meeting dates, check our website at [www.arkansas.gov/clb](http://www.arkansas.gov/clb). Once the application is received in our office, it must be complete by 90 days. After 90 days, another application and filing fee, etc. will be required.

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5. Copy of the Arkansas Business and Law passing test score. Please refer to page 13 & 14 for more information about the test. **The license can be approved but not released without this passing test score.**
6. **CURRENT** compiled balance sheet less than one (1) year old. **DO NOT SEND INCOME STATEMENTS.** The balance sheet must be in the name of the applicant obtaining the license and must be signed by the owner, officer, member or partner of that company. Only Sole Proprietorships can submit a personal balance sheet, **excluding** your personal residence and any retirement accounts includes stocks and bonds and cash value of life insurance. **All balance sheet statements must show POSITIVE NET WORTH. A blank balance sheet can be found on our website [www.arkansas.gov/clb](http://www.arkansas.gov/clb). A Schedule "L" from your corporation tax return may also be used. (No other tax forms will be accepted other than the Schedule "L").**
7. If applying as a Corporation, LLC, or LP, attach a copy of the Articles/Filings from your entity's Secretary of State's Office. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.
8. **If the applicant has one or more employees:** You must have Worker's Compensation insurance coverage. Provide us with a current certificate of insurance verifying Worker's Compensation insurance coverage. **The license can be approved but not released without this Worker's Compensation insurance certificate.**

**Do not write in this space - CLB OFFICAL USE ONLY**

Filing Fee: \$\_\_\_\_\_ ID#: \_\_\_\_\_

Type of License:      Limited      Unlimited

# RESIDENTIAL REMODELER

## New Application

PRINT NAME OF COMPANY OR NAME (IF APPLYING AS A SOLE PROPERIORSHIP) AS YOU WISH FOR IT TO APPEAR ON LICENSE. IF APPLYING AS A CORPORATION, LLC, OR LLP, IT MUST READ EXACTLY AS REGISTERED WITH THE SECRETARY OF STATE OFFICE.  
**APPLICANTS MUST CONDUCT / CONTRACT BUSINESS UNDER THE EXACT NAME SHOWN UPON THE LICENSE.**

**ANSWER ALL OF THE FOLLOWING QUESTIONS, IF A QUESTION DOES NOT APPLY ENTER "N/A":**

Company / Individual Name: \_\_\_\_\_

D/B/A Name: \_\_\_\_\_  
(Doing Business As) (If applicable)

Indicate the type of entity seeking a license by "circling" one of the choices below:

**INDIVIDUAL    CORPORATION    LLC    PARTNERSHIP    LP    OTHER\_\_\_\_\_**

If applying as Corporation / LLC, list the Federal ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County/Parish \_\_\_\_\_

Company Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name and Phone # for person to Contact with any Questions regarding this application request:

\_\_\_\_\_

**Complete the following with information for the person that will take or has taken the Business & Law Exam**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

How long has this individual been with this company? \_\_\_\_\_

Position held with this company, check one: \_\_\_\_\_ Sole Owner  
\_\_\_\_\_ Full time paid employee  
\_\_\_\_\_ Officer, member, or partner of the company and is actively involved in the day to day operations

Effective Date 12/2017 (Residential Remodeler New App)      5.

Contractors Licensing Board  
4100 RICHARDS ROAD  
NORTH LITTLE ROCK, ARKANSAS 72117  
Main Phone 501-372-4661 (FAX 501-372-2247)

## REFERENCE INFORMATION

(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly. )

**APPLICANT NAME & ADDRESS as shown on application**

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**(GIVE DETAILED ANSWERS)**

**THE PURPOSE OF THIS FORM**

**IS TO VERIFY WORK**

**EXPERIENCE, NOT CREDIT HISTORY.**

1. Yes \_\_\_ No \_\_\_ Are you related or affiliated to the owners of the company or any of the employees?  
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience  
for: \_\_\_\_\_
3. \_\_\_\_\_ To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference?
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. List any projects this company or individual has completed of which you have first hand knowledge: (be specific– list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Yes \_\_\_ No \_\_\_ Has this company or individual ever failed to complete a project or job that you are aware of?  
If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_
7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.  
\_\_\_\_\_  
\_\_\_\_\_
8. Yes \_\_\_ No \_\_\_ Would you recommend this individual or company to be a licensed contractor? If the answer is no, why?  
\_\_\_\_\_  
\_\_\_\_\_
9. Yes \_\_\_ No \_\_\_ Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of? If yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.**

Reference givers name & address: (Print)

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

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\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.**

Reference givers name & address: (Print)

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

Effective Date 12/2017 (Residential Remodeler New App)

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Contractors Licensing Board  
4100 RICHARDS ROAD  
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APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

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\_\_\_\_\_  
\_\_\_\_\_
9. Yes \_\_\_ No \_\_\_ Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of? If yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_

By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Reference givers name & address: (Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

Effective Date 12/2017 (Residential Remodeler New App)

8.



# APPLICANT'S INFORMATION

**Note:** For the purpose of the following questions, “You” means, any qualifier, officer, member, partner, owner 10% or more, you (if applying as a sole-proprietor), or anyone of the entity requesting a license.

- \_\_\_\_\_ 1. How many years of work experience does the qualifier for the trade or classification(s) / specialty(s) for this license have?
- Yes\_\_\_ No\_\_\_ 2. Have you, or any construction related entity in which you were an investor, partner, officer, ever failed to complete a project awarded to you? **If yes, attach separately a statement of circumstance, the name of the individual, other organization and reason for failure.**
- Yes\_\_\_ No\_\_\_ 3. Have you filed bankruptcy or were you a part of any other organization that has filed bankruptcy within the last ten (10) years? (See definition of “you” above) **If yes, attach a written explanation as to why bankruptcy had to be filed, along with a copy of the document prepared by your attorney listing the creditors that shows the amounts owed to each creditor and a copy of the bankruptcy discharge.**
- Yes\_\_\_ No\_\_\_ 4. Have you ever been convicted of a felony? (See definition of “you” above) **If yes, please attach separately a written explanation as to what occurred, when this occurred, and what was the sentence.**
- Yes\_\_\_ No\_\_\_ 5. Are you required to register on the sex offender registry in this state or any other state? (See definition of “you” above) **If yes, please attach separately a written explanation as to what occurred and when this occurred.**
- Yes\_\_\_ No\_\_\_ 6. Do you or any construction related entity in which you owns 10% or more, have any outstanding liens, judgments, or pending litigation? (See definition of “you” above) **If yes, attach separately details and an explanation.**
- Yes\_\_\_ No\_\_\_ 7. Have you ever had a contractors license or been associated with a contractors license in this or any other jurisdiction? (See definition of “you” above) **If yes, attach separately a list of those that apply.**
- Yes\_\_\_ No\_\_\_ 8. Have you ever had a license revoked or suspended, been penalized or disciplined, by the Arkansas Contractors Licensing Board, the Arkansas Residential Committee, or any other state? (See definition of “you” above) **If yes, attach separately details and an explanation.**
- Yes\_\_\_ No\_\_\_ 9. Do you knowingly employ any individual(s), or hire workers as independent contractors, who do not have legal authority to work in the United States of America? (See definition of “you” above)
- Yes\_\_\_ No\_\_\_ 10. Are you legally authorized to work in the United States of America? (See definition of “you” above)
- Yes\_\_\_ No\_\_\_ 11. Do you understand that the failure to comply with the Federal law on the hiring, as employees or as subcontractors of workers without legal authority to work in the United States of America can lead to the revocation of the contractors license in the State of Arkansas? (See definition of “you” above)
- Yes\_\_\_ No\_\_\_ 12. Does this applicant have one or more employees?
- Yes\_\_\_ No\_\_\_ 13. Does the applicant have Workers Compensation Insurance?
- Yes\_\_\_ No\_\_\_ 14. Are you or your spouse on active duty in the United States Military and currently deployed outside the State of Arkansas?
- Yes\_\_\_ No\_\_\_ 15. Are you or your spouse a “returning United States Military Veteran”? (A “military veteran” is anyone who has been deployed for any branch of the United States Military outside of the State of Arkansas.)
- Yes\_\_\_ No\_\_\_ 16. Have you or your spouse been discharged (discharged other than dishonorably) from the United States Military within the last 12 months?
- Yes\_\_\_ No\_\_\_ 17. Under the provision of the Active Duty Military Licensing Law, Act 848 of 2015, are you requesting a temporary license? **If yes, you must provide a copy of your current contractors license issued by another state.**

**CORPORATION, LLC, or LP DATA:**

Date Company registered as Corporation, LLC or LP: \_\_\_\_\_

\* Date Registered at Arkansas Secretary of State (501-682-3409) as a Foreign Entity \_\_\_\_\_  
(\*This process must be completed before beginning work in the State of Arkansas if a foreign entity.)

President _____	SSN _____
Vice-President _____	SSN _____
Secretary _____	SSN _____
Treasurer _____	SSN _____

**For LLC:**

Member _____	SSN _____
Member _____	SSN _____
Member _____	SSN _____
Member _____	SSN _____

***OR***

**PARTNERSHIP DATA:**

Date Partnership Formed \_\_\_\_\_  
State whether partnership is general, limited or associated: \_\_\_\_\_

List Partners and Social Security numbers:

Partner _____	SSN _____
Partner _____	SSN _____

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**List anyone who owns 10% or more interest in the entity requesting a license. (Please print each name) along with their Social Security number; or list any Corporation or LLC as will as their EIN for those who owns 10% or more interest in the entity requesting a license.**

Name _____	SSN or EIN _____
Name _____	SSN or EIN _____
Name _____	SSN or EIN _____
Name _____	SSN or EIN _____
Name _____	SSN or EIN _____

# AFFIDAVIT FOR COMPANY (Corporation, LLC, LP or Partnership)

I, \_\_\_\_\_, being duly sworn/affirmed, state under oath:  
(Name of Owner/Officer/Member/Partner)

That I am \_\_\_\_\_ of \_\_\_\_\_;  
(Position held) (Company Name)

Further, that the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that I am familiar with the books and records of the above mentioned company showing its financial condition; that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from the books and records of said company and form a true and accurate statement of the financial condition of said company as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq., including the obtaining and reviewing of a criminal background check.

\_\_\_\_\_  
(Signature of Owner/Officer/Member/Partner)

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature) & **Seal**

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# AFFIDAVIT FOR INDIVIDUAL

I, \_\_\_\_\_ being duly sworn/affirmed, states under oath:  
(Individual's Name)

That the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from my books and records and form a true and accurate statement of my financial condition as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq., including the obtaining and reviewing of a criminal background check.

\_\_\_\_\_  
(Applicant Signature Here)

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature) & **Seal**

# CHECKLIST OF HELPFUL NUMBERS

## FOR CONTRACTORS PLANNING TO OPERATE IN THE STATE OF ARKANSAS

THE FOLLOWING IS A LIST OF REGULATORY AGENCIES TO WHICH YOU COULD BE RESPONSIBLE WHILE DOING BUSINESS IN THE STATE OF ARKANSAS.

### CONTRACTORS LICENSE

Contractors Licensing Board  
4100 Richards Road  
North Little Rock, AR 72117  
Telephone: (501) 372-4661

### ONLINE DIRECTORY

State Information 501-682-3000  
[www.arkansas.gov/directory](http://www.arkansas.gov/directory)

### CORPORATE FRANCHISE TAX

Note: All Corporations are required to register and pay franchise taxes.

Secretary of State  
Victory Building, Ste 250  
1401 W Capitol  
Little Rock, AR 72201  
Telephone: (501) 682-3409

### INDIVIDUAL INCOME TAX

Individual Income Tax Section  
Revenue Division  
Department of Finance & Admin.  
P O Box 3628  
Little Rock, AR 72203  
Telephone: (501) 682-7272

### CORPORATE INCOME TAX

Corporation Income Tax Section  
Revenue Division  
Department of Finance & Admin.  
P O Box 919  
Little Rock, AR 72203  
Telephone: (501) 682-4775

### SALES & USE TAXES

Sales and Use Tax Section-Revenue Division  
Department of Finance & Admin.  
P O Box 1272  
Little Rock, AR 72203  
Telephone: (501) 682-7104

### UNEMPLOYMENT COMPENSATION

Department of Workforce Services  
P O Box 2981  
Little Rock, AR 72203  
Telephone: (501) 682-2121 or  
1-855-225-4440

### WORKERS COMPENSATION

Arkansas Workers Compensation  
Commission  
4th & Spring Streets, PO Box 950  
Little Rock, AR 72203-0950  
Telephone: (501) 682-3930 or  
(800) 250-2511

### LABOR STANDARDS

Labor Standards Administrator-Arkansas Dept. of Labor  
10421 West Markham  
Little Rock, AR 72205  
Telephone: (501) 682-4501

### \*\*UNDERGROUND STORAGE TANKS, ASBESTOS

Arkansas Department of Environmental Quality  
8001 National Drive, PO Box 8913  
Little Rock, AR 72219-8913  
Telephone: (501) 682-0999 or (501) 682-0718

# CHECKLIST OF HELPFUL NUMBERS

## (Continued)

### **\*\*LEAD ABATEMENT**

Arkansas Department of Health  
4815 West Markham Slot-32  
Little Rock, AR 72205-3867  
Telephone: (501) 671-1472

### **\*\*PLUMBING, GAS FITTERS HVACR, SHEET METAL, REFRIGERATION & COLD STORAGE**

Arkansas State Health Department  
Plumbing & Natural Gas Division  
4815 West Markham Slot #24  
Little Rock, AR 72205-3867  
Telephone: (501) 661-2642

### **\*\*FIRE & BURGLAR ALARMS**

Arkansas Board of Private Investigators and Private Security  
Agencies C/O Arkansas State Police  
1 State Police Plaza Drive  
Little Rock, AR 72209  
Telephone: (501) 618-8600

### **\*\*SPRINKLERS**

Arkansas Fire Protection Board  
7509 Cantrell Road Suite 103A  
Little Rock, AR 72207  
Telephone: (501) 661-7903

### **\*\*ELECTRICAL**

Board of Electrical Examiners – Dept of Labor  
10421 West Markham  
Little Rock, AR 72205  
Telephone: (501) 682-4549

### **\*\*ELEVATOR SAFETY**

Safety Division-Arkansas Department of Labor  
10421 West Markham  
Little Rock, AR 72205  
Telephone: (501) 682-4530

### **\*\*BOILERS**

Boiler Division - Arkansas Department of Labor  
10421 West Markham  
Little Rock, AR 72205  
Telephone: (501) 682-4513

### **\*\*LANDSCAPING w/PLANTING**

Arkansas State Plant Board  
1 Natural Resources Drive  
Little Rock, AR 72205  
Telephone: (501) 225-1598

### **\*\*WATER WELLS**

Arkansas Water Well Commission  
101 E Capitol, Ste 350  
Little Rock, AR 72201  
Telephone: (501) 682-1025 or (501) 682-3900

**PLEASE NOTE:** This list may not include all of the State Regulatory Offices, which you might need to contact. You should contact your accountant or attorney as to any other agencies which you may need to contact due to the special nature of your business.

\*\*Requires proof of appropriate certification/licensure before the Contractors Licensing Board will approve the classification(s). Performing any of the following type projects without the appropriate certificate/license from the agency in question may be in violation of that agency's law. Performing any of the following type projects without the specific classification from the Contractors Licensing Board may be in violation of the Contractors Licensing law.

# Arkansas Business & Law Test (Instructions)

The test is given by an independent testing company (Prometric). If you have questions about the test or need more information beyond what is furnished here please call them at 888-763-0131.

## Registration Instructions:

1. Call 1-888-763-0131 or visit [www.experioronline.com](http://www.experioronline.com)
2. Register for **ARO4 Program name**.
3. **Exam Code 100**
4. The operator will assist you in finding the nearest Testing Center.
5. The test is administered 6 days a week (M-F 8:00 a.m. – 8:00 p.m., Sat 8:00 a.m. – 4:00 p.m.)
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(Note these at the bottom of this page for your references)
8. The test is open book, multiple choice, and 50 questions, with a 2-hour time limit.
9. The book (Contractors Guide to Business, Law and Project Management, Arkansas Edition) is available directly from the Publisher at <http://www.nascla.org> through the NASCLA Bookstore, or by call (623) 587-9519, or by completing the order form on the next page.
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- PLEASE BE ADVISED:**
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  - b) Verify the exam code before taking the test.
  - c) **Have PROMETRIC send the results to YOU. It is your responsibility to get the passing test score to our office by fax 501-372-2247 or regular mail.**
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